fluence de ces modifications. L' abandon dans lequel les familles laissaient d'habitude les aliénés, y a engendré des abus. Le devoir fut impunément sacrifié a l'intérêt personnel, ce qui amena un trafic honteux, et d'autant plus lucratif qu'il s'exerçait sur des aliénés aisés. Il y avait alors à Gheel, comme aujourd'hui, des cœurs nobles et dévoués, qui déploraient ces tendances fâcheuses et préjudiciables á la colonie, dont le discrédit et la décadence étaient inévitables. Mais leurs efforts, leurs conseils et leur exemple demeurèrent impuissants, en présence de l'esprit de spéculation et de lucre qui avait pris la place de l'esprit de charité."

Spicelegia Epileptica, by J. H.

Epilepsy, says Aræteus, "is an illness of various shapes, and horrible;" and Hippocrates, who existed five hundred years before him, in one of his terse aphorisms, states that those fits "which come on after twenty-five years of age, for the most part terminate in death."' Lucretius, who lived in an age intervening between these two distinguished physicians, has with marvellous power pourtrayed the fearful symptoms of this apalling malady. Although a poet, and not a physician, his lines are equal in accuracy of delineation to those of the greatest pathologist:

"Quin etiam, subito vi morbi sœpe coactus
Ante oculos aliquis nostros, ut fulminis ictu,
Concidit, et spumas agit; ingemit et tremit artus;
Desipit extentat nervos, torquetur, anhelat
Inconstanter, et in jactando membra fatigat."—
De Rerum Natura, p. 379. Valpy.

More than two thousand years have rolled by, since the father of medicine penned his gloomy prognosis of this disease; more than two hundred writers have described its symptoms, and their views respecting it; but, alas! we rise from the perusal of the philosophic pages of our contemporary Marshall Hall, and the recent practical observations of Dr. Sieveking, with the same mournful regret as we do from the writings of Hippocrates and Arœtus, and murmur with the last sage, ἀλλὸκοτον κακόν ἡ ἐριληψιη.

It merits the startling names, with which it has been designated, "Morbus scelestus," "morbus dæmoniacus," and even "morbus *sacer*," pourtray the awe and mystery with

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which it has in all ages been regarded. That it was even one of the diseases, which was characterised by the fearful sentence, "he hath a devil," will probably be admitted by all who are familiar with ancient medical writings, and whose ideas have not been biassed by early theological training. This opinion is held by Dr. Adams, of Banchory, Ireland, than whom no one is more critically familiar with the writings of Hippocrates, and the early Greek authors; and who, moreover, informs us, that Leo (350 years B.C.) says expressly when treating of epilepsy, "that the vulgar call the disease *the demon* and lunacy." This subject resting for proof, as it does, upon the precise meaning of certain Greek words, is rather a philological than a pathological one, and is alike beyond my scholarship and my purpose.

Moreover, in the *Psychological Journal* it has been treated in a profoundly religious spirit, and with great scholarship and eloquence by the Rev. J. Sowter, the talented Chaplain of the Essex County Asylum. The philosophic view taken by Mr. Sowter gathers force from the fact, that all eastern nations speak of bodily diseases as entities, and the pagan world generally regard them as such, and seek relief by charms, incantations, and other rites, by which they imagine the evil spirit, the δαιμόν can be appeased. A very able writer in the *Dublin University Magazine*, September, 1848, on "Pythonic and Demoniac Possessions in India and Judæa," contends that the words δαίμων δαιμόνιον and the participle δαιμονιζόμενος whenever they occur in the New Testament, ought not to have a moral significance given to them; but that they express some physical infirmity, or mean, when used to individuals, the possession of an exorcist power, or an agency inferior to the Diabolus of Scripture. The latter word he states, occurs fifteen times in the evangelical narratives, while the former, or its derivatives, occurs no less than sixty-three times, but on no occasion in a purely moral sense; from analogy with the word "daimon," with the Mahratta word "pishachin," and the effects manifested in all the persons to whom it is applied, in both languages, he concludes that lunacy, epilepsy, and convulsive fits, are typified by both, and they refer no further to *Satanic* agency, than as all diseases are the result of sin, and thus indirectly are the manifestations of the workings of the spirit of evil, the "Diabolos" of Scripture. How profoundly significant do the scriptural expressions upon this subject become, when contemplated in this sense! How truly may it be said of some forms of moral insanity, that the man is daimonized!

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Hippocrates, in combating the popular notion of the day, that epilepsy was "a sacred disease," wisely says, "men regard its nature and cause as divine from ignorance and wonder, because it is not at all like to other diseases; . . . but if it is reckoned divine because it is wonderful, instead of one, there are many diseases which would be sacred . . . neither do I count it a worthy opinion to hold, that the body of man is polluted by God, the most impure by the most holy; for were it defiled, or did it suffer from any other thing, it would like to be purified and sanctified, rather than polluted by God. For it is the divinity which purifies and sanctifies the greatest of offences, and the most wicked, and which proves our protection from them;" and then passing from moral considerations, he endeavours to demonstate by anatomy and by pathological changes, that the disease is somatic in its nature. "This, (he writes), you may ascertain in particular from beasts of the flock, which are seized with this disease, and more especially goats, for they are most frequently attacked with it. If you will cut open the head you will find the brain *humid*, full of sweat, and having a bad smell."—This is often the case in sheep. In the summer of 1850, I saw three sheep epileptic, and as they were slaughtered, I had an opportunity of examining the head. In each case, the anterior lobes of the brain were strewed with hydatids. These acephalocysts appear to be an occasional cause of epilepsy in the human subject, as the following case will illustrate:—H. D. had been an epileptic for twenty years. Her intellect had been greatly weakened from this cause, and she was partially paralysed in the left leg. The autopsy revealed the following appearances: the body was well nourished, the lips were livid, and the neck especially at its posterior and dependent portions was of a bluish hue, not from bruises, but from venous gravitation, and ordinary post-mortem change. She was examined eight hours after death; or rather after she was found dead, as she died suddenly in her bed at night. The calvarium was of normal shape and of average thickness. The dura mater was healthy. The arachnoid membrane was not thickened, or otherwise diseased. The pia-mater was congested with blood, and the brain generally shared in this condition, in all probability induced by the mode of death. The upper surface of the convolutions of the cerebral hemispheres presented here and there, hard, knotty indurations which varied in size, from that of a pea to a large bean, but of corrugated and rounded figure, while others were more elastic and

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smooth. These indurations proved to be small cysts, and the difference in their characters of hardness and form was found to arise from the circumstance, that the harder and corrugated ones had lost their fluid, and now contained grumous material, resembling an impalpable fine mortar, and in which by the aid of the microscope, could be seen a large number of very minute crystals having a rhombic figure. Those possessing fluid, contained within this, a few clear spherules of varying microscopic size, adhering to their inner surface, but none on their exterior; each cyst was distinct in itself, forming in this respect, a great contrast to the acephalocysts occasionally found in the uterus and other organs; indeed their solitary character induced Dr. Hodgkin and myself to look most carefully for that curious entozoon, the cysticercus cellulosus, which has been occasionally found in solitary cysts, occupying the brain and the eye of the human subject, but without success. A small solitary cyst, less than a pea, was found on the upper surface of the left lobe of the cerebellum.

The vesicular neurine of the convolutions exhibited no disease beyond the immediate contiguity of these little bodies, and even at that spot nothing further than a depression, caused by their presence, could be detected. Whether this depression was induced by simple pressure, without any loss of nervous substance, or whether it had given rise to atrophy, could not well be determined upon. I am inclined to think the latter. The vesicular and fibrous portions of the brain were each much congested with blood, which we regarded rather as a moribund effect than anything else, (as the patient had died in all probability from asphyxia) and we discovered no other change until we reached the left ventricle, where, resting upon the corpus striatum, was another cyst of considerable magnitude, as large, indeed, as a pigeon's egg. In this large cyst, the walls had a distinctly laminated texture, and small clear globules or spherules were studded over its surface, resembling the "hyaline," which has been fully described as to its properties by Barry and others, and which, in truth, were young cells, slowly forming into other acephalocysts. The corpus striatum around this larger body was softened in its structure, and had undergone some diminution. The brain presented no other disease. The choroid plexuses, in common with the blood-vessels of the brain generally, were in a congested condition. The right lung was gorged with blood, and the patient was considered to have died from "pulmonary apoplexy;" in fact, that was

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the verdict returned (from medical testimony) at the coroner's inquest. No other disease was found in the chest, and the viscera of the abdomen were remarkably healthy. The marvel is, that although these hydatids are abiding structures, yet long intervals of time transpire in which their presence is not indicated by convulsive action; in other words, that epilepsy, apparently dependent upon a continuous irritant in the brain, should be *paroxysmal* in its character. Such paradoxes belong to vital action, and will for a long time, perhaps for ever, separate medicine from the circle of the exact sciences. The action of marsh miasma, and of the hydrophobic poison, resemble epilepsy in this particular, although the paroxysms in these diseases are more frequent in their occurrence; yet, even in these, there are periods of time in which their presence in the system is not revealed by especial action.

The epileptic paroxysm appears capable of being postponed, and in some rare cases wholly removed by mental or by corporeal conditions. I have known the paroxysm postponed for several months, through the stimulus of faith and hope, and the epilepsy disappear entirely during the continuance of some other severe disease. The fact of the possibility of averting the paroxysm for an unusual length of time, without effectually removing the disease, has not been sufficiently remembered by many who have written upon this disease. Shakspeare recognised a great pathological truth, when he made Benvolio exclaim:

"Tut, man! one fire burns out another's burning,
One pain is lessen'd by another's anguish;
Turn giddy and be holp'd by backward turning;
One desperate grief cures with another's languish:
Take thou some new infection to thy eye,
And the rank poison of the old will die."

Even charms and amulets have seemed in some cases to postpone the attack of the customary epileptic paroxysm. I have known three instances of young women who had severe epileptic fits every week, in neither of whom an attack occurred for several weeks, in one, not for six months, after wearing a ring "which had been purchased for that especial purpose, by all the single young men of the parish in which she lived." Nothing is more common, than for the attack of an epileptic paroxysm to be postponed for a longer period than usual, whenever the patient is placed under the treatment of some surgeon, other than his ordinary medical attendant. A new medicine will often effect the same result

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Is it not to this fact that the disciples of Mesmer and Hahnemann are indebted for their vaunted triumphs in this disease; is it not by the due laudation of some such postponements as these, that nervous sufferers are attracted to the gaudy saloons and cold fountains of a fashionable hydropathic symposium? Has not this peculiarity in epileptic patients been overlooked, even by scientific and cautious men? If the history of the patients upon whom tracheotomy was performed upon the strength of Dr. Marshall Hall's ingenious theory, were *now* published, it would probably be found, that four-fifths were still epileptic. One of these came under my notice on April 11th, 1853. He had been operated upon by Mr. Mackarsie, a highly intelligent surgeon, at Chesterfield, and Dr. Marshall Hall, thus wrote of the case, when introducing it to the medical profession through the pages of the *Lancet*. "I have always considered the case of Mr. Cane, published in my Croonian Lectures, *as the most interesting and valuable in medicine*; . . . . . *next to this I must place the case I now forward you of* Mr. Mackarsie." The case is detailed at page 349 of the *Lancet*, for Oct. 16th, 1852. It appears that the patient, R. W., was operated on, August 24th, 1853, and that up to Oct. 10th of the same year, when the case was published, he had not experienced a complete epileptic paroxysm. During these seven weeks, this patient had undergone the operation of tracheotomy, had experienced "violent hœmoptysis" on the 29th of August, and again on September the 1st; on this day and on the third, he was "freely leeched, as the lungs were congested and he expectorated bloody mucous." On the 20th of September, "he had a severe attack of bilious vomiting, the irritability of the stomach being very obstinate:" by the aid of calomel and opium, saline mixtures and hydrocyenic acid he in a few days recovered.

Now, my experience leads me to think, that the absence of a full epileptic paroxysm during these seven weeks was not dependent on the tracheotomy as a special antidote, but would have followed any imposing surgical operation; and further, that the epilepsy may even have been kept in abeyance by the other severe corporeal affections, which the patient passed through, during the period in question. When the case came under my care six months afterwards, he was quite imbecile in mind, and the epileptic fits were of almost daily occurrence, and were very severe in their character. At the time the case was published, Mr. M. stated, that there was no difficulty in the management of the tube after the first

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few days; in April, from the restlessness of the patient, or some other cause, the wound had been permitted to heal. This circumstance does not militate against the opinions suggested above, namely, that the seven weeks' freedom from epileptic convulsions may have been gained by the operation, simply as an imposing and painful procedure; or even through the maladies (hœmoptysis, pulmonary apoplexy, bilious vomiting), from which the patient suffered, apart from any *special* effect produced upon the epilepsy by allowing the free ingress, and egress of air through an opening in the trachea below the closed larynx. From April to May, (1854), this patient suffered severely from epilepsy, having fits oftentimes daily, and rarely passed two days without a paroxysm; but from June to September, without any re-opening of the trachea, his fits became less severe, and his general health, without any assignable cause, (beyond the regular dietary and general hygiene of the asylum), improved greatly. His face from being of a bluish hue assumed a healthy aspect: he became animated, his intellect was more energetic, his memory stronger, and his feelings hopeful. On one occasion, he passed more than *nine* weeks without experiencing a paroxysm of epilepsy. This state of things did not continue, by the end of October the fits had become very frequent and severe, the face was again livid, the intellect imbecile, and in the following March, about eleven months from his admission, he expired, comatose. When at Hanwell, I saw a female patient, who had had fits daily, who ceased to be epileptic for several weeks during the continuance of severe erysipelas, and subsequent ulceration of the legs, but with returning soundness to the extremities, the formidable convulsive malady resumed its sway.

The following case is also instructive, and illustrative of the expressed opinion, that a distinct corporeal ailment may permanently arrest the manifestations of epilepsy. M. A., who died from pulmonary consumption in 1850, had been epileptic to an extraordinary degree for many years. In the month of January preceding her decease, she had as many as one hundred and sixteen paroxysms of epilepsy, reckoning that as a distinct fit, which had passed through the several stages of unconsciousness, convulsion, and sleep, followed by *consciousness*, for however brief a period the consciousness may have lasted. In this case the severest I ever witnessed, there was no appreciable cerebral lesion, beyond opacity and thickness of the membranes of the brain, effusion of serum between the convolutions, and into the lateral ventricles, and

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a very hypertrophied condition of the pituitary body. This structure was extensively diseased; its functions are not well understood, but certain facts which have fallen under my own notice, and the researches of the laborious Wenzels make me believe it to be an organ of greater importance in the due nutrition of the brain, than it is usually supposed to be, and I may probably refer to it again on some future occasion; but the case of M. A. is now referred to, because from the day that inflammation of the lungs set in, until the day of her death from tubercular disease, a period of six months, she never had a single fit, although for years previous to the accession of the pulmonary disease, she had a paroxysm or more daily. These facts, the occasional arrest of epilepsy, by erysipelatous inflammation and by tubercular disease, would seem to teach, that in a paroxysmal malady of this nature, it becomes us to gather the histories of many cases, and to be cautious in our inductions; lest we should regard that as a consequence, which was simply a sequence; or, to use the pithy phrase of the old Logicians, be led to confound the "post hoc" and the "propter hoc," and thus raise expectations which can only end in disappointment and sorrow.

The Condition of the Insane, and the Treatment of Nervous Diseases in Turkey. By R. F. Foote, M.D., Member of the Imperial Medical Society of Constantinople; lately 2nd Class Staff Surgeon, Her Majesty's Service, attached to His Highness Omar Pasha, serving in Roumelia, the Crimea, and Anatolia; formerly Physician Superintendent to the Norfolk County Asylum, England.

Living in what may be said to be in a country which forms the link between civilisation and barbarism, so favored by nature, so neglected by man, where we have constantly so much before us to admire and so much to condemn, we have naturally been led to enquire into the condition of the poor lunatic in this city of the Sultan, into the state of him, whom mental and bodily disease has overtaken in its worst form; whom the public in some countries are

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